This or ot	informatic her benefi	n is required to ts may be paid	be comp out unles	oleted fo ss this r	or the appr eport is co	aisal of anir impleted an	nals, for which indemnity is clair d filed as authorized under (9 C	med. No m FR 51).	nonies								MB APPROVED: MB NO. 0579-0047		
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE										DATE ANIMALS/MATERIALS APPRAISED AND/OR TAGGED AND BRANDED					T NO.	3. PAGE	3. PAGE		
VETERINARY SERVICES *APPRAISAL AND INDEMNITY CLAIM FOR										4. DATES ANIMALS/MATERIALS DESTROYED				5. DATE OF CLEANING AND DISINFECTING			OF		
☐ ANIMALS DESTROYED ☐ MATERIALS DESTROYE																			
6. LEGAL NAME AND MAILING ADDRESS OF OWNER-CLAIMANT (No. and Street, or R. F. D. No., City and Zip Code) print)										e or 7. PROPER NAME OF DISEASE INVOLVED									
										8. IF JOINT OWNERSHIP GIVE FULL NAME OF ALL OWNERS (If SAME as Item 6, so state) (Not necessary if a Corporation)									
9. LO	CATION OF F	PREMISES WHERE	APPRAISA	AL MADE	(If different fr	om item 6)			┪										
L	APPRAISED		IDENTIFICATION OR PAGE (Animals-Reactor Tag No., or Bred						APPR	AISAL	WEIGHT	TOTAL APPRAISAL		SALVAGE	DIFFER-	AMOU	INT DUE FROM		
N E	NO.	IO. SPECIES		Brand or other;  AGE SEX BREE			Bu., Tons, Board Feet, etc.)	VALU PER U	UNIT Tons, etc.)	OR NO. UNITS	GRADE ANIMALS OR MATERIALS	PUREBREI	(From <b>VS 1-24</b> )	ENCE	UNITED STATES	STATE AGENCY			
1	10	11	12-	13	14		15	\$	j		18	\$	\$	\$	\$	\$	\$		
2			1						***************************************							•			
3			<b> </b>	<del> </del>				<del>                                     </del>											
4																			
5				ļ															
GRAND TOTALS (Basis For Payment)								1			L		-		1				
(Includes all attached VS Forms 1-23A)												]\$	\$	\$	\$	\$	\$		
25. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS AND/OR MATERIALS.									OWNER-CLAIMANT MORTGAGE CERTIFICATION										
									I certify that the animals and/or materials identified in this claim—are (initials) are not (initials) mortgaged. I further certify that I own or am authorized to represent the owner of the animals and/or materials identi- fied in this claim. I make claim for all amounts due me in accordance with all applicable laws and regulations governing										
CERTIFICATION AND APPRAISAL CERTIFICATE									the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with applicable laws and regulations, I hereby agree that the appraised value of animals and/or materials										
I certify that animals and/or materials listed above are properly identified and are eligible for indemnity and animals and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equal value.									shown herein is in accordance with all applicable laws and regulations and I hereby expressly waive any claim I may have to compensation for animals and/or materials identified in this claim above the value at which such animals and/or materials are appraised as shown on this claim, I further agree to the destruction of said animals and/or materials.										
26. SIGNATURE OF GOVERNMENT APPRAISER 27. TITLE									30. SIGNATURE OF OWNER-CLAIMANT OR AUTHORIZED REPRESENTATIVE IN ITEM 6 OR 8  31. DATE SIGNED										
OR REPRESENTATIVE																			
28. SIGNATURE OF SPECIAL EXPERT APPRAISER 29. TITLE										2. TITLE OF CLAIMANT (Owner, co-owner, manager, Vice President, etc.)									
STATE CERTIFICATE- I certify that the amount shown in item 24 as due from the State Agency is correct and that each such amount has been or will be paid the Owner-Claimant.									33. IF MORTGAGED-FEDERAL INDEMNITY CHECK WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO (Check one)  OWNER (Mortgagor in item 6)  MORTGAGEE (In item 34)										
38. SIGNATURE 39. DATE									34. NAME AND ADDRESS OF MORTGAGEE (Include zip code)  35. SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE IN ITEM 34										
40. TITLE 41. STATE AGENCY										36. TITLE (Signed by Auth. Representative)  37. DATE									
42. FOR 43. BY (SIGNATURE)										44. TITLE						45. DATE	DATE		
APPROVED \$																			
	FORM 1-2 MAY 84)	23 Previou	s edition:	s are ob	solete.	Approved b	y the Comptroller Gen., U.S. (in	Lieu of SI	F-1034	-)									